

NOTICE OF MERGER APPLICATION

City of Manchester

Please list all owners, provide additional sheet if necessary

To be Completed by Applicant	8. Owner	Name		
1. Date of Submission	Address			
2. # of Lots to be Merged				
	Telephone: Email:			
3. Lot Numbers Map/Lot #	Owner's Signature			
Map/Lot #	Owner	Name		
Map/Lot #	Address			
Map/Lot #				
4. Location of Lots (Address)	Telephone: Email:			
	Owner's Signature			
	9. Agent (If other than ow	ner) Name		
5. Zoning District:	Address			
6. Ward				
7. Was this property the	Telephone:	Email:		
subject of a variance from the ZBA?	10. Required Application Fees: 1. Application Fee \$25.00 (non-refundable) 2. Notice of Merger Fee \$75.00			
Yes □ Case # No □	11. Required M	Iaterial: (Refer to attached Ap	pendix F)	
PLANNING & COMM	MUNITY DEVELO	OPMENT USE ONLY, DO NOT	WRITE BELOW THIS LINE	
1. Materials Submitted Plans Reduced Plans Abutters list Application fee Postage fee Tax Card PDF files Other	Re	plication Fee view Fee stage	Receipt Stamp	
	3. Date of HCRD Recording:			
	4. Date of N	Totice to Assessor's:	Merger Control Number:	

APPENDIX F

APPLICATION MATERIALS FOR 'NOTICE OF MERGER' SUBMISSIONS

I. BASIC SUBMISSION ITEMS

- (A) Application form signed by the applicant and owner of record of the property;
- (B) The application shall be accompanied by a check or cash to include an Application Fee of \$25.00 (non-refundable), and the Notice of Merger Fee of \$75.00;
- (C) (1) copy of recorded subdivision plan (if applicable);
- (D) (1) copy of the deed(s) with description of lot. (Deed prior to 1965 if a new building or a subdivision.);
- (E) (1) copy of the tax map and a current property card which you may purchase from the Assessor's Office, located at One City Hall Plaza-West Wing, Manchester, NH 03101;
- (F) Original executed **TYPED** "Notice of Merger";
- II. DIGITAL FILE FORMAT. All plans must be submitted as a PDF file, one file for each plan. They are in addition to and do not replace any current submission requirements. Accompanying documentation or updated information supplied after submission must also be accompanied by a CD-ROM containing the amended or new information in PDF format. This digital format will be kept in the Planning Department digital files and may be used to send plans to Planning Board Members, abutters, peer review engineers, and all other interested parties.

MUST LEAVE A 3" MARGIN AT TOP OF PAGE.

NOTICE OF MERGER

Application	n for Voluntary Merger o	of Existing Lots made th	is, day of,
20,	by	(<u>Owner)</u>	having an address or principal place
of business	at(Location)	· ,
Mancheste (Name) (Year),	 Hillsborough County to and recorded in the Hill said property is 	y, New Hampshire, as (Name) sborough County Regist	ry of Deeds in Book <u>(#)</u> , and buildings at (<u>Tax Map/Lot</u> # and
	Vame)	_in Manchester, and dec _dated	(Vevr) and recorded in the
Hillsborou	gh County Registry of	land and buildings	, (Year), and recorded in the at (Tax Map/Lot # and address)
WI	IEREAS, such merger w	vill not create a violation	of current ordinances or regulations.
set forth ar merger has the Assesso	d as provided for in RSA been filed for recording or, City of Manchester. WITNESS WHEREOF	A 674:39 a. Sand merge g in the Hillshortugh Co	plication to approve the merger as above shall not be effective until a copy of this unty Registry of Deeds and a copy sent to the this Notice of Merger as of the date
WITNESS		OW	NER):
(Print)		(Print))
		By:	
(Signature)			(Signature)
The	foregoing instrument v	was acknowledged befor	re me this day of
20, by			
		Nota (Seal	ry Public/Justice of the Peace
The	e above Application for	Voluntary Merger of Exi	sting Lots is endorsed and approved.
		City	of Manchester Planning Board
		By:	
		Date:	